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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,  
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000  
at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2012****Open to Public  
Inspection**

<b>A</b> For the 2012 calendar year, or tax year beginning 10/1/2012, and ending 9/30/2013	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SOUTHERN ACADEMY OF PERIODONTOLOGY</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO BOX 1988</b> City or town state or country ZIP + 4 <b>ANNA MARIA FLORIDA 34216</b>
	<b>D</b> Employer identification number <b>58-1029612</b> <b>E</b> Telephone number <b>(941) 778-0670</b> <b>F</b> Group Exemption Number <b>n/a</b>

**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

**I** Website: <http://periosouth.org>

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 170,633**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

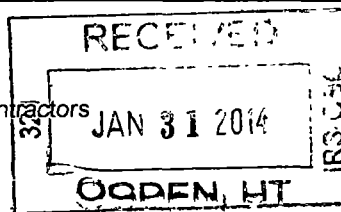
<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	111,990
	<b>3</b>	Membership dues and assessments	<b>3</b>	58,492
	<b>4</b>	Investment income	<b>4</b>	151
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b>	Gaming and fundraising events		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>6b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
	<b>6c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	
	<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	0
	<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>7b</b>	Less cost of goods sold	<b>7b</b>	
	<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0
	<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	170,633
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	1,700
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	1,500
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	16,998
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	4,462
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	89,393
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	114,053
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	56,580
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	175,403
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	231,983

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990-EZ** (2012)

SCANNED FEB 06 2014 Revenue



P 10



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
<b>35 b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
<b>35 c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> NONE		
<b>37 b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>38 b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
<b>41</b> List the states with which a copy of this return is filed		
<b>42 a</b> The organization's books are in care of <b>42a</b> Duke Miller Telephone no <b>42a</b> 941-894-6166 Located at <b>42a</b> PO Box 1987 City Anna Maria Island ST FL ZIP + 4 <b>42a</b> 34216		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>42b</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>45 b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

- f Total number of other employees paid over \$100,000

► NONE

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None		
City	ST ZIP	
Name		
City	ST ZIP	
Name		
City	ST ZIP	
Name		
City	ST ZIP	
Name		
City	ST ZIP	

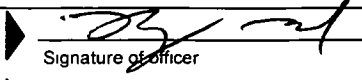
- d Total number of other independent contractors each receiving over \$100,000

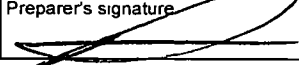
► NONE

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>		Date 1-23-14
	DR BENJAMIN DUVAL	TREASURER
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature 	Date 1/19/2014	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00185479
	Firm's name ► RICHARD I ROBERTS CPA			Firm's EIN ► 26-4667732	
	Firm's address ► 5455 4TH ST NORTH, ST PETERSBURG, FL 33703			Phone no 727-525-2813	

May the IRS discuss this return with the preparer shown above? See instructions

► ☒ Yes ☐ No

## SOUTHERN ACADEMY OF PERIODONTOLOGY

## FORM 990 EZ-RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

FISCAL YEAR ENDED 9/30/13

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**PAGE 1, LINE 16, OTHER EXPENSES****ANNUAL MEETING EXPENSES**

Plaques	611
Staff	2150
Staff Travel	2476
Brochure Printing	1211
Entertainment	3938
Event Insurance	621
Gift Bags	894
Meeting Supplies	137
Misc Expense	72
On Site Set Up	929
Prizes	550
Program Printing	540
Signage	667
Site Visit	1073

**WINTER MEETING EXPENSES**

Administrative Expense:Travel	1810
Speaker	10000
Speaker travel	1082
Exhibitor Expense	2193
Insurance Workshop	4600
Postage Brochure Mailing	726
Printing Brochure	330
Staff Expense	900
Supplies	719

**ADMINISTRATIVE EXPENSES**

Bank Charges	1587
Georgia License	55
Committees	49
New Periodontists	2000
Broadband Access	607
Phone & Cell Phone	2082
Office supplies	730
Liability Insurance	623
Executive Director	40409
Office Supplies	238
Software Updates	312
Travel reimbursement	1000
Web Page	1472

Total	<u>89393</u>
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58-1029612

## SOUTHERN ACADEMY OF PERIODONTOLOGY

## FORM 990 EZ-RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

## Page 2, Schedule IV list of officers Directors and key employees

FISCAL YEAR ENDED 9/30/13

Officers	Title	Average hours per week	Reportable compensation	Estimated other compensation
Dr. Chris Richardson	President	5	0	0
Dr. Brian West	President-Elect	1	0	0
Dr. John Russo	Secretary	1	0	0
Dr. Benjamin Duval	Treasurer	1	0	0
Dr. Andy Duckett	Immediate Past-President	1	0	0
Ms. Cindy Miller	Executive Director	20	40409	0
Dr. Mark Addoney	Executive council member	1	0	0
Dr. Ryan Clagett	Executive council member	1	0	0
Dr. Mark Brunner	Executive council member	1	0	0
Dr. George Bumgardner	Executive council member	1	0	0
Dr. W. Lee Young, Jr.	Executive council member	1	0	0
Dr. Greg Adams	Executive council member	1	0	0
Dr. William Claiborne	Executive council member	1	0	0
Dr. Paul Weeks	Executive council member	1	0	0
Dr. Charles McBrayer	Executive council member	1	0	0
Dr. Steven VanScoyoc	Executive council member	1	0	0
Dr. Gregg Langston	Executive council member	1	0	0
Dr. Chris Caputo	Executive council member	1	0	0